

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008598

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

818 1003 2452
FILED MAR 8 1963

1. PLACE OF DEATH a. COUNTY <u>S</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>Bridgeton</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>DePaul Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>11953 Old St. Charles</u>	
3. NAME OF DECEASED (Type or print) First <u>Nanette</u> Middle <u>C</u> Last <u>Feuerstein</u>		4. DATE OF DEATH Month <u>March</u> , Day <u>13</u> , Year <u>1963</u>	
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/17/58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Wallace Feuerstein</u>		11b. MOTHER'S MAIDEN NAME <u>Dorothy Timme</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		17. INFORMANT Address <u>Wallace Feuerstein Bridgeton Mo</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Brain tumor - malignant - Cerebellum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one yr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>1930</u>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:30 a.m.</u> Month, Day, Year <u>3/3/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>St. Charles</u> COUNTY <u>Mo</u> STATE <u>Mo</u>		
21. I attended the deceased from <u>3/21/62</u> to <u>3/3/63</u> and last saw her alive on <u>3/2/63</u> Death occurred at <u>3/3/63 4:30 a.m.</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Henry E. Bottinville, M.D.</u>		22b. ADDRESS <u>111 Church St., Ferguson, Mo</u>	
22c. DATE SIGNED <u>3/4/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Mar 5, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St Charles Borromeo</u>		23d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Ortmann F Home 9222 Lackland Overland Mo</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 4 1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Lois Smith. M.D.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Al C Oistmann

Licensed Embalmer No.

3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.